

## (1) PLACE OF BIRTH

County of Frederick  
 Township of Black Creek  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

43458

Registration District No. 3100.. Registered No. 24.....  
 (For use of Local Registrar)

(No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Sanford Kyzer (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 8 (6) Are Parents Married? yes (7) DATE OF BIRTH.....  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Morgan Kyzer(9) PRESENT POSTOFFICE OF FATHER Gilbert(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY.....  
 (Years)(12) BIRTHPLACE IL(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Jane Gunter(15) PRESENT POSTOFFICE OF MOTHER Gilbert(16) COLOR OR RACE W.P.R. (17) AGE AT LAST BIRTHDAY.....  
 (Years)(18) BIRTHPLACE IL(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was..... at..... M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Paul Smith  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Gilbert, S.C.

Given name added from a supplemental report

(26) Witness.....  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 10, 1922 (28) S.C. Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.